

REGISTRATION FORM

ADIsports @ LIS Fall Season
September 9th – December 2nd, 2017

*** The Cut-off for Registration is the 9th September 2017 ***

Student Information

Child's Name: _____ Age: _____
(If you have more than one child please use a separate form)

Contact Information

Name: _____
Phone Number _____
Email _____

Medical Information

Please indicate any allergies or medical condition with which we should be aware:

Permissions

Parent Signature: _____
Date of Signing: _____

Please send the money with the registration form to help secure your spot (see ADI@LIS Policy sheet for details). No one will be allowed to start ADI@LIS without having completed the form and paying in full.

By returning this form you confirm that you have read the ADI@LIS Policies and Information and understand your responsibilities to have your child participate and give them permission to do so.

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